

Complete on Prenatal and Postpartum Visit Encounter Form under Assessment/Screening

Tobacco Use
Is currently smoking? Yes No

If "Yes" opens up section below:

Client is currently pregnant OR up to 6 months postpartum? YES NO

Action/Response to current smoking:

- Delivered clear message about the benefits of quitting smoking
 Explained and offered SCRIPT
 agreed to participate in SCRIPT *Go to SCRIPT Tab*
 declined participation in SCRIPT

- Client already participating in SCRIPT *Go to SCRIPT Tab*
 Referral to Quitline/Hotline (be sure to record in referral section)
 Other Referral (be sure to record in referral section)
 Gave hand out/brochure
 None *opens up section below:*

Reason for no action:

- Client currently participating in Hotline
 Client currently participating in other cessation program
 Client not interested at this time

SCRIPT Tab (added as a tab to the Prenatal and Postpartum Visit Encounter Form)

Script Start Date: _____

SCRIPT Intervention

How many previous quit attempts? _____ (number 0 to 20)

Is client currently using nicotine replacement therapy? YES NO

Has client previously used nicotine replacement therapy? YES NO

If "Yes" to EITHER, record the type of NRT used and date of use: _____

Is there a smoker in the home? Yes No

Is there someone who regularly visits that smokes? Yes No

Will you be somewhere where the baby is exposed to smoke? Yes No

SCRIPT Intervention components: Check all that were completed with client today:

- Commit to Quit video or DVD Date Completed _____
 A Pregnant Woman's Guide to Quit Smoking Date Completed _____
 Carbon Monoxide monitor reading (enter value _____) Date Completed _____
 Yuck Jar Date Completed _____
 Stress relief kit Date Completed _____
 Other (please explain _____ Date Completed) _____

SCRIPT Follow Up 7-10 days post-intervention (more often as needed)

Method of follow-up Phone text home visit office visit Other: _____

What best describes your smoking status?

- I have quit smoking completely since beginning the SCRIPT program.
 I am still smoking, but I have reduced the number of cigarettes per day from ____ to ____.
 I smoke the same amount as before I began the program.

Have you utilized any of these since our last visit? (check all that apply):

- Nicotine replacement therapy
 Tobacco quitline
 Local tobacco cessation services (coaching, classes, etc.)

How have you been managing your stress levels? (prompt for conversation, no data entry)

How have you been dealing with cravings? (prompt for conversation, no data entry)

SCRIPT Follow Up one month post-intervention (Final SCRIPT Visit)

Method of follow-up Phone text home visit office visit Other: _____

What best describes your smoking status?

- I have quit smoking completely
 I am still smoking, but I have reduced the number of cigarettes per day from ____ to ____.
 I smoke the same amount as before I began the program.

Services utilized (check all that apply):

- Nicotine replacement therapy
 Tobacco quitline
 Local tobacco cessation services (coaching, classes, etc.)

Final carbon monoxide monitor reading – to be completed one month post-intervention:

Results: _____

Client comments about the program (open-ended): _____

Final action, check all that apply:

- Congratulate client on successfully quitting or reducing smoking
 Re-enter SCRIPT program to try again
 Make additional referrals to local smoking cessation services